

PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

Colorado -- Simplified Access to Nursing Home Alternatives

Issue: Single Entry Point Agencies

Summary

The state of Colorado has established Single Entry Point (SEP) agencies that provide an access point for several publicly funded long-term supports for people with disabilities, including older people, people with physical disabilities, people living with AIDS, and people with brain injuries. SEP agencies provide education to individuals about available options and provide easier access for individuals and families to the programs. In the five years that SEP agencies have served the entire state, participation in home and community-based services has more than doubled while the number of nursing home residents has been stable.

Introduction

People with disabilities, including older people, often face a fragmented system when attempting to obtain publicly financed community long-term supports. In many states, several agencies offer long-term supports, as the programs are administered by many entities throughout the state. Colorado developed the Single Entry Point (SEP) system to enable people to access long term supports from one agency instead of several. Program administrators have found that the ability to access and plan services is simplified when multiple funding sources are accessible through one agency that also provides a comprehensive plan of care.

Single Entry Point agencies provide a comprehensive plan of care for several funding sources

This report briefly describes the Colorado SEP system. It describes the services people can obtain through SEPs, how the system functions, how it was implemented, and results known at this time. This document is based on written materials produced by the state of Colorado, written media reports, interviews with state staff involved in the implementation and oversight of the program, and the state's web site.

Background

Prior to the SEP system, several agencies administered Colorado's home and community-based services (HCBS) programs, including

county departments of human or social services, Area Agencies on Aging, and other entities. This required people to go to different agencies to learn about each program, so they did not always know about all options. In addition, coordinating services between the programs was difficult. By developing the SEP system, Colorado simplified access to resources. SEPs direct people to the most appropriate program to meet their needs. Also, using fewer organizations to manage the programs created funding efficiencies.

The SEPs administer three Medicaid HCBS waivers that help people live in the community instead of in nursing homes or hospitals: Home and Community Based Services – Elderly, Blind and Disabled (HCBS-EBD), Home and Community Based Services – Brain Injured (HCBS-BI), and Home and Community Based Services – Persons Living with AIDS (HCBS-PLWA). The SEPs also administer two state-funded programs: Home Care Allowance (HCA), which provides flexible in-home supports, and Adult Foster Care (AFC).

Intervention

The SEPs are a statewide network of case management agencies that contract with the state to administer the above HCBS programs. The SEP agencies may serve one county or multiple counties. The SEP agencies perform level of care assessments, care planning, and case management for these programs. There

are currently 25 SEP agencies covering all of Colorado's 63, soon to be 64, counties.

Anyone can refer a person to the SEP agency, however the most common referral sources are hospital discharge planners, family members, county workers, and the person who needs long-term supports. Individuals must use the SEP in the county in which they live. When a referral is made to the SEP, the SEP conducts an

SEPs also refer people to other public and private resources for people with disabilities

assessment to determine if the prospective participant meets the nursing facility (NF) level of care. Then the person and the SEP staff

develop a care plan that identifies services to help the person remain in the community. Since the SEP is one component of long-term care, SEP case managers coordinate with families, physicians, hospital discharge planners, and nursing home staff in addition to the participant to obtain a better understanding of the person's situation.

SEPs also refer people to other resources such as services financed by the federal Older Americans Act, private grant funds, and faith-based organizations. These services include home delivered meals, food banks, home health agencies, transportation, adult protection services, legal aid, and supportive housing. Over several years, there has been extensive outreach by both the state and the SEPs to educate county health and/or human services departments, hospitals, nursing facilities, senior centers, advocacy groups, and other organizations on what services are available and how to refer people to the SEP programs.

Colorado conducts annual reviews of SEP agencies to ensure the agencies meet quality standards. The state conducts additional reviews to verify the SEPs' services are appropriate in both cost and need. When the reviews find problems, the state requires the SEP to develop and implement a Corrective Action Plan, which must be approved by the state. After approximately three months, the state conducts another review to ensure the plan has been implemented.

Implementation

Colorado implemented the SEP system over a two-year phase-in period. In July 1993, seven agencies participated in SEP responsibilities. One additional agency joined in February 1994, and then in July 1995 the remaining fifteen agencies joined, making SEP services available statewide.

According to state staff, the transition to SEPs did not increase the state's expenditures for HCBS program administration. The state reallocated funds already in use and conducted planning within available resources. County elected officials (commissioners) determine what organization conducts SEP activities within their county. Neighboring counties formed SEP districts, in which one agency serves all the district's counties. Some SEP agencies are county health and/or human service agencies, Area Agencies on Aging, private non-profit organizations and private for-profit organizations. The organizations that formerly administered one or more HCBS programs cooperated in the transition to SEP agencies.

Impact

The SEP agencies serve approximately 16,000 people statewide at a cost to the state of approximately \$14 million per year. In the five years since SEPs served the entire state, the number of people using nursing facilities (NF) has remained relatively constant at 10,000 residents per year while HCBS participation has grown from 5,368 to 14,864 people per year. State staff interviewed for this report attribute the increased HCBS participation to the SEP agencies identifying participants who benefit from community services and hospital and NF staff's increased knowledge of community programs.

In recent years, NF utilization has been flat while HCBS utilization has increased

Colorado requires SEP agencies to conduct participant satisfaction and provider satisfaction surveys. The participant satisfaction surveys indicate that the majority of participants are pleased with services and with the SEP agency staff. The most frequent complaint from participants is personal care providers not arriving on time or missing scheduled times. The provider satisfaction surveys show a positive

working relationship with providers and SEP agencies. An SEP may receive a fiscal penalty if it does not meet performance standards.

Contact Information

For more information about the Single Entry Point agencies, please contact Peggy Spaulding

in Colorado's Department of Health Care Policy and Financing at (303) 866-2883 or Peggy.Spaulding@state.co.us. Information about the SEP agencies is available online at <http://www.chcpf.state.co.us/index.html>.

Some Discussion Questions:

How does the use of contractors for single entry point agencies affect the ability to hold the agencies accountable for quality services?

When single entry point agencies serve a broad target population, how can states help the agencies provide appropriate services to people with less common conditions?

Lisa Chevalier, MSW, wrote this report, one of a series of reports by The MEDSTAT Group for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series will be available online at CMS' web site, <http://www.cms.gov>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.